



# Outreach

Office of Communications and Public Liaison, National Institute of Mental Health

Spring 2001

From Elaine Baldwin, Program Director

## A Milestone

This spring marks a particularly exciting milestone for the NIMH Constituency Outreach and Education Program, as we now have Outreach Partners in 50 States and the District of Columbia. The Outreach Partners — all of which are nonprofit organizations — were chosen through a competitive process over the course of just over one year. An outstanding Expert Panel of researchers, clinicians, and consumers devoted many hours to careful consideration of each applicant's qualifications.

Each Outreach Partner has its own unique attributes and strengths — but all share with NIMH a commitment to disseminating science-based information on mental health to a broad array of audiences, bridging the gap between research and practice, and thus improving the health and quality of life of all people with mental disorders.

Outreach Partners are kept abreast of current scientific advances and trends in mental health through access to NIMH materials, annual meetings and conference calls with experts. Partners are also challenged to use creative communications methods of reaching underserved populations and are provided opportunities to build collaborative relationships. Information from meetings and teleconferences is posted on the program Web site, <http://www.outreach.nimh.nih.gov>, for use by anyone.

In the coming year, one focus of the program will be on building closer relationships with the growing Education Network — national and State organizations involved in mental health, medicine, education, academia, business, and managed care and those that represent various ethnic and cultural populations, children and youth, and older adults. NIMH strongly encourages affiliates of these groups to join with Outreach Partners in projects of mutual interest.

Many individuals and groups have made invaluable contributions to the program and deserve much credit for our progress to date. I want to express my heartfelt appreciation to all who have supported this effort along the way and have discerned its promise for the future. ■

Message from the  
Director, NIMH . . . . 2

Annual Meeting:  
"Research to  
Reality" . . . . . 2

NIMH Outreach  
Partners . . . . . 3

Report of the Surgeon  
General's Conference  
on Children's Mental  
Health . . . . . 4

Youth Violence:  
A Report of the Surgeon  
General . . . . . 5

Internet Resources on  
Children, Youth, and  
Violence . . . . . 6

Technical Assistance:  
• Bipolar Information  
• Latino Outreach . . 7

NIH Consensus  
Development  
Conference in 2002 . . 8

## Contact Us

*NIMH Outreach* is a publication for and about the NIMH Constituency Outreach and Education Program (COEP), based in the Office of Communication and Public Liaison (OCPL) of the National Institute of Mental Health. NIMH is the Federal Government's primary agency devoted to research on the mind, brain, and behavior, and is a component of the National Institutes of Health, based in Bethesda, Maryland.

Information about the COEP and NIMH can be found at the following Web sites:

<http://www.outreach.nimh.nih.gov>

<http://www.nimh.nih.gov>

### *Our mailing address is:*

National Institute of Mental Health  
NIMH Constituency Outreach and Education Program  
31 Center Drive, Room 4A-52  
Bethesda, MD 20892-2475

*The NIMH program staff below is assisted by outreach liaisons and dissemination specialists at ROW Sciences and ACCESS Consulting International.*

### **Elaine Baldwin**

Director, Constituency Outreach and Education Program, OCPL, NIMH  
[ebaldwin@nih.gov](mailto:ebaldwin@nih.gov)  
(301) 435-4672

### **Jane Jacobs**

Associate Director, Constituency Outreach and Education Program, OCPL, NIMH  
[jane.jacobs@nih.gov](mailto:jane.jacobs@nih.gov)  
(301) 435-4673

## Message from the Director, NIMH

Millions of Americans are increasingly willing to openly voice their concerns, questions, and insights about the impact of mental illness on individuals and families, as well as the need to improve the diagnosis, treatment, and prevention of mental and behavioral disorders. The good news is that we are gaining, virtually on a daily basis, vital information on how the brain works when it is healthy and what can go wrong when mental illnesses occur. The National Institute of Mental Health is committed to a research portfolio that stretches from molecules and genes to brain and behavior, from clinical investigation to health services research and economics.

The NIMH Constituency Outreach and Education Program, initiated less than two years ago, is already playing an important part in NIMH's efforts to communicate to myriad audiences what this research means and how its results can change people's lives. Now, Outreach Partners in every State and the District of Columbia, along with the organizations that comprise the program's Education Network, are working with NIMH to deliver one overriding message of hope — that because of knowledge gained through research, most people with mental illnesses can be effectively treated. These groups are also helping to advance a primary goal of NIMH and the National Institutes of Health — to ensure that progress in treatment will benefit all Americans, whatever their race, ethnicity, age, or gender. Working together, I believe we can meet these challenges. ■



Steven E. Hyman, M.D.

## Annual Meeting: "Research to Reality"

The second annual meeting of the Constituency Outreach and Education Program took place in Oakland, California, from April 22 to 24. This was the first meeting where all 50 States and the District of Columbia were represented.

Titled "Research to Reality," the conference featured a video introduction by NIMH Director Dr. Steven Hyman and talks by NIMH Deputy Director Dr. Richard Nakamura and COEP Director Elaine Baldwin. Other prominent speakers addressed an array of key topics related to the COEP mission, including outreach to primary care physicians, particularly for recognizing depression; outreach to rural populations, older adults, and minority groups; mental illness and HIV/AIDS; effective social marketing and media relations; and strategies for leveraging the Internet.

Next year's conference will welcome Education Network member organizations as well as Outreach Partners, and will take place in the Washington, D.C. area. ■

# NIMH Constituency Outreach and Education Program

## 51 Outreach Partners as of June 2001

(See <http://www.outreach.nimh.nih.gov/partners.htm> for contact information.)

### **Alabama**

*MHA in Montgomery*

### **Alaska**

*MHA in Alaska*

### **Arizona**

*MHA of Arizona*

### **Arkansas**

*NAMI Arkansas*

### **California**

*California Institute for Mental Health*

### **Colorado**

*NAMI Colorado*

### **Connecticut**

*NAMI Connecticut*

### **Delaware**

*MHA in Delaware and NAMI in Delaware*

### **District of Columbia**

*MHA of the District of Columbia*

### **Florida**

*MHA of Broward County*

### **Georgia**

*National MHA of Georgia*

### **Hawaii**

*United Self Help and the Department of Psychology, University of Hawaii*

### **Idaho**

*Institute of Rural Health, Idaho State University*

### **Illinois**

*MHA in Illinois*

### **Indiana**

*MHA in Indiana, Inc.*

### **Iowa**

*Iowa Consortium for Mental Health and Psychiatry Research, University of Iowa College of Medicine*

### **Kansas**

*MHA of South Central Kansas*

### **Kentucky**

*MHA of Northern Kentucky*

### **Louisiana**

*MHA in Louisiana*

### **Maine**

*NAMI Maine*

### **Maryland**

*MHA of Maryland*

### **Massachusetts**

*Massachusetts Association for Mental Health, Inc.*

### **Michigan**

*MHA in Michigan*

### **Minnesota**

*MHA of Minnesota*

### **Mississippi**

*MHA in South Mississippi*

### **Missouri**

*MHA of the Heartland*

### **Montana**

*MHA - Billings Chapter*

### **Nebraska**

*Nebraska Association of Behavioral Health Organizations and Boys' Town National Research Hospital*

### **Nevada**

*The Salvation Army and NAMI Nevada*

### **New Hampshire**

*NAMI New Hampshire*

### **New Jersey**

*NAMI New Jersey*

### **New Mexico**

*University of New Mexico School of Medicine*

### **New York**

*MHA of New York City, Inc.*

### **North Carolina**

*North Carolina Depressive & Manic Depressive Association*

### **North Dakota**

*MHA in North Dakota*

### **Ohio**

*NAMI Ohio*

### **Oklahoma**

*MHA in Tulsa*

### **Oregon**

*NAMI Oregon*

### **Pennsylvania**

*NAMI Pennsylvania*

### **Rhode Island**

*MHA of Rhode Island*

### **South Carolina**

*MHA in South Carolina*

### **South Dakota**

*NAMI South Dakota*

### **Tennessee**

*MHA of Middle Tennessee*

### **Texas**

*MHA in Texas*

### **Utah**

*NAMI Utah*

### **Vermont**

*Vermont Association for Mental Health*

### **Virginia**

*Department of Psychiatric Medicine, University of Virginia School of Medicine*

### **Washington**

*NAMI Washington*

### **West Virginia**

*NAMI West Virginia*

### **Wisconsin**

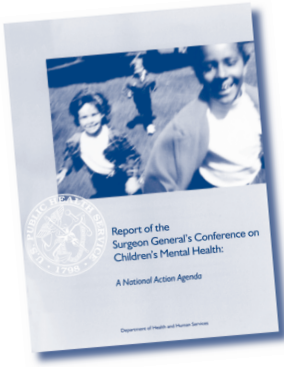
*MHA in Milwaukee County*

### **Wyoming**

*NAMI Wyoming and the Division of Social Work, University of Wyoming*

(Note: MHA stands for Mental Health Association; NAMI stands for National Alliance for the Mentally Ill.)

# Report of the Surgeon General's Conference on Children's Mental Health:



## *A National Action Agenda*

Organizations and individuals who want to improve children's mental health gained a significant new blueprint for action on January 3, 2001, when Dr. David Satcher released the "Report of the Surgeon General's Conference on

Children's Mental Health: A National Action Agenda." The National Institute of Mental Health was a lead agency in this initiative. Partners in the NIMH Constituency Outreach and Education Program — along with many other national, State, and local groups — will participate in its implementation through their programs and activities.

The report proposes an "Overarching Vision", beginning with the declaration that "mental health is a critical component of children's learning and general health." Conference participants generated eight ambitious goals, each accompanied by a list of specific action steps:

1. Promote public awareness of children's mental health issues and reduce stigma associated with mental illness.
2. Continue to develop, disseminate, and implement scientifically proven prevention and treatment services in the field of children's mental health.
3. Improve the assessment of and recognition of mental health needs in children.
4. Eliminate racial/ethnic and socioeconomic disparities in access to mental healthcare services.
5. Improve the infrastructure for children's mental health services, including support for scientifically proven interventions across professions.
6. Increase access to and coordination of quality mental healthcare services.
7. Train frontline providers to recognize and manage mental healthcare issues, and educate mental health providers about scientifically proven prevention and treatment services.
8. Monitor the access to and coordination of quality mental healthcare services.

Dr. Satcher, who continues his role as U.S. Surgeon General, highlights the role of research in his Foreword to the report: "One way to ensure that our

health system meets children's mental health needs is to move towards a community health system that balances health promotion, disease prevention, early detection and universal access to care. That system must include a balanced research agenda — including basic, biomedical, clinical, behavioral, health services, school-based and community-based prevention and intervention research — and it must include a reinvigorated approach to mental health."

The path to meeting children's mental health needs begins with an understanding of the problem. Despite an ever-increasing base of scientific knowledge on prevention and treatments, these findings are often not used to guide real-world practice or inform policy. The conference proceedings highlights several obstacles — including missed opportunities for prevention and early detection, fragmented treatment services, low priorities for resources, challenges in the training of practitioners, unequal access to care, improper diagnosis, continuing shadows of stigma, and others — and makes recommendations for how to bridge the gaps among research, practice, and policy.

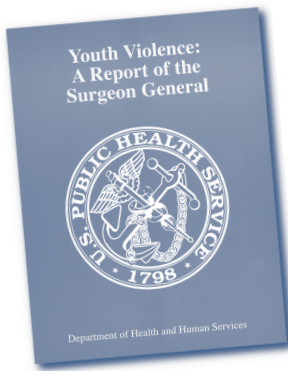
NIMH will continue to focus on the development and dissemination of scientific research findings described in Goal 2 of the report. Dr. Kimberly Hoagwood, NIMH Associate Director for Child and Adolescent Research, was the co-chair of the Conference on Children's Mental Health. Currently, the Institute is working on mission-appropriate implementation steps linked to the conference report's National Action Agenda. Meanwhile, partners in the NIMH Constituency Outreach and Education Program will continue to work on the dissemination of science-based research findings to the many segments of the healthcare system that support children's mental health.

Three hundred participants were invited to the conference, representing a broad spectrum of stakeholders. Recognizing that the core system at stake is the family, youth and family members were included along with professional organizations and associations, advocacy groups, clinicians, educators, healthcare providers, faith-based practitioners, members of the scientific community, and representatives of the healthcare industry. The national agenda outlined in the report reflects their voices, concerns, and ideas.

*(Continued on Page 5)*



# Youth Violence:



## *A Report of the Surgeon General*

Each time gunshots at school hit the headlines, youth violence grabs the Nation's attention. A recent report by the U.S. Surgeon General concludes that youth violence is actually a widespread national public health

problem — but that we now have the knowledge and tools needed to implement more effective child and adolescent violence prevention.

"Youth Violence: A Report of the Surgeon General," defines its task: "The research described here focuses on physical assault by a youth that carries a significant risk of injuring or killing another person." In a 176-page document, the report describes the scope and magnitude of the problem, developmental dynamics across age ranges, risk and protective factors, and a range of specific programs and strategies.

Noting that only a small proportion of youth who have mental and behavioral disorders will ultimately become involved in serious violence, the report confirms that a disproportionate number of youth who are jailed for violent offenses have histories of psychopathology. A review of early- and late-onset tracks into patterns of violent behavior reveals that children in the early-onset group tend to commit violent acts more often, more seriously, and for a longer period of time than those in the late-onset group.

To what extent can risk factors and protective factors predict youth violence? The report summarizes extensive research, showing that the predictive power is linked to both context and timing. For example, substance abuse at age 9 is a more powerful risk factor indicator for violent behavior than similar abuse at age 14. Prevention and treatment programs for children, as well as teens, are therefore important. For adolescents, who are so oriented to peer behavior, spending extensive amounts of time with a group of antisocial or delinquent youth is an especially powerful risk factor for subsequent violent acts. This observation has policy implications for de-emphasizing programs such as boot camps and residential correctional facilities for youth. Other research findings in the report support the need for after-school supervision.

The last chapter of this Surgeon General's report examines and rates the effectiveness of 27 specific programs, as well as broad intervention strategies. These guidelines could be applied to evaluating other programs as well. Quality implementation of carefully evaluated programs is strongly recommended.

Research demonstrates that most highly effective programs address both individual risks and environmental conditions. Building individual competencies and skills, improving the social climate of schools, enhancing parenting skills, and enabling positive peer group associations are among the practical actions that can make a constructive difference.

Often the reaction to youth violence is a feeling of helplessness. In contrast, this report offers a wealth of information, guidelines, and referrals that can empower both youth and adults to reduce youth violence.

Under the direction of the Surgeon General's office, three major agencies collaborated to develop this report: the National Institute of Mental Health, representing the National Institutes of Health; the Centers for Disease Control and Prevention; and the Center for Mental Health Services, representing the Substance Abuse and Mental Health Services Administration (SAMHSA). ■

The full text can be found at:  
<http://www.surgeongeneral.gov/library/youthviolence>

---

*("Report of the Surgeon General's Conference on Children's Mental Health" Continued from Page 4)*

The full text of the report is available at the Surgeon General's Web site, <http://www.surgeongeneral.gov>, along with the agenda from the conference, a list of sponsoring Federal agencies, and a press release. Because children's mental health involves a cross-section of national responsibilities, the Surgeon General's office coordinated the efforts of 12 Federal agencies from the Department of Health and Human Services, Department of Justice, and Department of Education.

Dr. Satcher closes his remarks in the report's Foreword with this declaration and challenge: "The vision and goals outlined in this agenda represent an unparalleled opportunity to make a difference in the quality of life for America's children." ■

# Internet Resources on Children, Youth, and Violence

The National Institute of Mental Health, other components of the National Institutes of Health, the Office of the Surgeon General, and additional Federal agencies offer a wide array of Web-based resources about mental health for children and youth. Here is a selection of sites that could be valuable to the public, health practitioners, educators, community leaders, and others:

## *National Institute of Mental Health —*

<http://www.nimh.nih.gov>

<http://www.nimh.nih.gov/publicat/childmenu.cfm>

— a collection of 25 documents related to child and adolescent mental health, including:

- Child and Adolescent Mental Health Resources
- Teenage Brain: A Work in Progress
- Children and Medications
- Learning Disabilities
- Attention Deficit Hyperactivity Disorder
- Autism
- Depression in Children and Adolescents: A Fact Sheet for Physicians
- Eating Disorders
- In Harm's Way: Suicide in America
- Treatment of Children with Mental Disorders
- Child and Adolescent Bipolar Disorder: An Update from the NIMH

<http://www.nimh.nih.gov/publicat/violencemenu.cfm>

— a collection of several documents related to children, adolescents, and violence, including:

- Child and Adolescent Violence Research at the NIMH
- Helping Children and Adolescents Cope with Violence and Disasters
- Teens: The Company They Keep
- Thinking About Violence in Our Schools
- Youth in a Difficult World
- Depression — Children and Adolescents
- NIMH Expert Panel on Youth Violence Intervention Research

## *National Institutes of Health —*

<http://www.nih.gov>

Institutes, Offices, and Centers at the National Institutes of Health can be explored individually through the main NIH Web site. However, to explore information resources by topic throughout a wide range of both NIH components and other agencies and organizations, two excellent gateways are available through the MEDLINEplus health information system of the National Library of Medicine:

<http://www.nlm.nih.gov/medlineplus/childandteenhealth.html> — child and teen health topics, including several mental health categories

<http://www.nlm.nih.gov/medlineplus/mentalhealthandbehavior.html> — mental health and behavior topics, including aspects specific to children and youth

## *Office of the Surgeon General —*

<http://www.surgeongeneral.gov>

<http://www.surgeongeneral.gov/cmh/default.htm> — includes the “Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda”

<http://www.surgeongeneral.gov/library/youthviolence/> — “Youth Violence: A Report of the Surgeon General”

<http://www.surgeongeneral.gov/library/mentalhealth/> — “Mental Health: A Report of the Surgeon General,” includes Chapter 3: Children and Mental Health

## *Centers for Disease Control and Prevention —*

<http://www.cdc.gov>

<http://www.cdc.gov/nccdphp/dash/violence/index.htm> — inventory of Federal activities addressing violence in schools

## Technical Assistance:

The Constituency Outreach and Education Program offers ongoing technical assistance to its Outreach Partners, to improve the dissemination of science-based mental health information to targeted populations and on specific topics. Periodically, training teleconferences focus technical assistance on a particular area, including interaction with experts and accompanying written materials.

Materials produced in conjunction with these teleconferences, while prepared originally as additional resources for Outreach Partners, could be useful to many individuals and organizations involved in health and mental health outreach activities. The materials include concisely formatted tip sheets that provide a large number of information sources and practical suggestions.

The following tip sheets and other resources are available on the program Web site:  
<http://www.outreach.nimh.nih.gov/teleconferences.cfm>

### *Bipolar Disorder Information*

Bipolar disorder, also called manic-depressive illness, was the focus of the teleconference on September 29, 2000. The session was conducted by Gary Sachs, M.D., Director of the Harvard Bipolar Research Program at Massachusetts General Hospital and Harvard Medical School; and Claudia Baldassano, M.D., Assistant Professor of Psychiatry and Director of the Bipolar Outpatient Clinical Program at the University of Pennsylvania.

#### *Bipolar Tip Sheet*

This tip sheet provides:

- Ideas for disseminating science-based information about bipolar disorder to mental health and medical professionals, community groups, and the media
- An annotated bibliography of publications online
- Additional Web resources
- Contact information for eight key organizations that offer bipolar information

### *Latino Outreach*

On November 20, 2000, a teleconference on Latino outreach was conducted. Presenters included Arturo Sanchez-LaCay, M.D., M.P.H., a psychiatrist at New York Psychiatric Institute and the Hispanic Anxiety Disorders Clinic in New York City, and a member of the COEP Expert Panel; Marlena Vega, C.S.W.R., Ph.D., Hispanic Outreach Coordinator for the Mental Health Association of New York City, Inc. (the Outreach Partner for the State of New York); and Larry Villegas, R.N., from ACCESS Consulting International, who provides technical assistance to Outreach Partners. ■

#### *Latino Tip Sheets*

**Tip sheet #1** — a step-by-step series of ideas and suggestions for mental health outreach to Latinos, from assessing needs through evaluating the resulting program, including a reference for a guide to building Latino community programs

**Tip sheet #2** — a collection of Latino Web resources, including both government and non-government links

**Tip sheet #3** — a brief primer about Latino cultural values, geared to health providers and educators

# NIH Consensus Development Conference in 2002

Planning is underway for a National Institutes of Health consensus development conference in 2002 on preventing and reducing antisocial and related problem behaviors in young people. Building on both the Surgeon General's report on youth violence and a substantial body of research on youth conduct problems, this meeting is a continuation of ongoing efforts to translate research results into knowledge that can be applied in various settings.

The conference will provide a public forum to present scientific evidence and develop recommendations about preventing and reducing child and adolescent conduct such as aggression, delinquency, drug abuse, sexual risk-taking, and violence. Effective and ineffective approaches will be addressed.

The National Institute of Mental Health is taking the lead institute role in joint planning of the conference.

Participating institutes and offices include the Office of Behavioral and Social Sciences Research, National Institute of Child Health and Human Development, National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institute of Nursing Research, and others.

Convened by the NIH Office of Medical Applications of Research (OMAR), consensus conferences produce science-based statements and recommendations on controversial medical issues important to healthcare professionals and the public. The resulting consensus statements are widely disseminated.

Further information about the 2002 conference will be available on the Web sites for OMAR (<http://odp.od.nih.gov/omar/>) and NIMH (<http://www.nimh.nih.gov>). ■



DEPARTMENT OF  
HEALTH & HUMAN SERVICES

National Institutes of Health  
National Institute of Mental Health  
31 Center Drive, Room 4A-52  
Bethesda, MD 20892-2475

Official Business

Penalty for Private Use \$300

FIRST-CLASS MAIL  
POSTAGE AND FEES

**PAID**

DHHS/NIMH  
PERMIT NO. G-823